

THE COMMONWEALTH OF MASSACHUSETTS
ALCOHOLIC BEVERAGES CONTROL COMMISSION

FORM 43

License Number

City/Town

Date

Type of Transaction (Please check all relevant transactions)

☐ New License

☐ New Officer/Director

☐ Pledge of License

☐ Transfer of License

☐ Change of Location

☐ Pledge of Stock

☐ Change of Manager

☐ Alter Premises

☐ Other _____

☐ Transfer of Stock

Name of licensee

FID of Licensee

D/B/A

Manager

Address: Number

Street

Zip Code

Annual or Seasonal

Category: All Alcohol, Wine & Malt

Type: Restaurant, Club, Package Store,
Inn, General on Premise, Etc.

Description of Licensed Premises:

Application was filed: _____
Date & time

Advertised: _____
Date & Publication

Abutters Notified ____ Yes ____ No

Person to contact regarding this transaction:

Name: _____

Address: _____

Phone #: _____

Remarks:

The Local Licensing Authorities

Alcoholic Beverages Control Commission

By: _____

Executive Director

Remarks: _____

